

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 097926496	FILING DATE	
							APPLICANT(S)		
9-16-09 CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1		1		51		
2							52		
3							53		
4							54		
5							55		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1		2		TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS	1		1		2		TOTAL CLAIMS		

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